

APPENDIX G

Toolkit Questionnaire



CDC Reproductive Health Assessment Questionnaire for Conflict-Affected Women - 2007

001 Questionnaire Identification Number [____|____|____|____] Start Time: _____

002 Country [____|____|____] (*Provide Telephone Country Code*)

003 Region [____|____] (*Provide Locally Appropriate Categories*)

004 Site [____|____] (*Provide Locally Appropriate Categories*)

005 Type Of Site _____

Result Codes: 1- Refugee; 2 - IDP Camp; 3 - Returnee; 4 - Host Community; 5 - Other _____

006 Interviewer: Code [____|____] Name _____

007 Date Of Interview: ____/____/____
Day Month Year

008 Checked By Supervisor: Code [____|____] Name _____

009 Data Entered By: Code [____|____] Name _____

We are doing a survey on women's health for [Insert Organization]. We are requesting your cooperation. The information you give us will be strictly confidential. You can stop the interview at any time and if there are any questions you do not want to answer, we can skip them. I'd like to start by asking you some general questions about your daily life here in your household. By household, I mean [provide local definition of household]. Are you ready to begin?

Section 1: Background Characteristics

No.	Questions and Filters	Coding Categories	Skip to
Q101	How many people currently live in your household? Exclude visitors and don't forget to include children and elders.	Males [__ __] Females [__ __] Number of people [__ __] No Response 99	
Q102	Who is currently the head of your household?	Myself 1 Husband/Partner 2 Father 3 Mother 4 Other relative 5 Other (specify) _____ 6 No Response 9	
Q103	Currently, who in your family usually has the final say on the following decisions? [READ A-F] A. Your own health care? B. Your children's health care? C. Making large household purchases? D. Making daily household purchases? E. Visiting family or relatives? F. Deciding what to prepare for daily meals?	Myself 1 Husband/Partner 2 Myself and Husband/Partner jointly 3 Someone else 4 Myself and Someone else jointly 5 Decision not made / Not applicable 6 No Response 9 A. 1 2 3 4 5 6 9 B. 1 2 3 4 5 6 9 C. 1 2 3 4 5 6 9 D. 1 2 3 4 5 6 9 E. 1 2 3 4 5 6 9 F. 1 2 3 4 5 6 9	
Q104	In what year were you born?	Year [__ __ __ __] Don't know 8888 No Response 9999	

No.	Questions and Filters	Coding Categories	Skip to
Q105	How old are you now? <i>(Compare and Correct Q104 if needed)</i>	Age in completed years [__ __] Don't know 88 No Response 99 <i>Estimate Best Answer</i>	
Q106	What religion do you practice? <i>Circle One</i>	<i>(Assign locally appropriate categories)</i> No religion 0 Orthodox 1 Catholic 2 Protestant 3 Muslim 4 Jehovah's Witness 5 Traditional 6 Country-specific 7 Country-specific 8 Country-specific 9 Country-specific 10 Other (specify) _____ 20 No Response 99	
Q107	To which ethnic group do you belong? <i>Circle One</i>	<i>(Assign locally appropriate categories)</i> Country-specific A 1 Country-specific B 2 Country-specific C 3 Country-specific D 4 Country-specific E 5 Country-specific F 6 Country-specific G 7 Other (specify) _____ 20 Mixed ethnicity 55 No Response 99	
Q108	Have you ever attended school?	Yes 1 No 2 No Response 9	→Q111 →Q111
Q109	Are you attending school now?	Yes 1 No 2 No Response 9	

No.	Questions and Filters	Coding Categories	Skip to
Q110	What is the highest grade you completed?	Grade [____ ____] If less than grade 1, enter 00 Technical/vocational 55 University or higher 66 No Response 99	
Q111	Can you read easily, with difficulty, or not at all?	Read easily 1 With difficulty 2 Not at all 3 No Response 9	
Q112	Can you write easily, with difficulty, or not at all?	Write easily 1 With difficulty 2 Not at all 3 No Response 9	
Q113	Are you: <i>[Read A-D]</i> A. A local resident B. A refugee from [insert country] _____ C. A refugee from another country _____ D. Displaced within this country _____	A local resident 1 Refugee from [insert country] 2 Refugee from other country (specify) _____ 3 Displaced within this country 4 No Response 9	→Q201
Q114	Where did you live before you were displaced for the first time? <i>Circle One</i>	<i>(Assign locally appropriate categories)</i> Region A 1 Region B 2 Region C 3 Region D 4 Region E 5 Region F 6 Region G 7 Region H 8 Other (specify) _____ 20 No Response 99	
Q115	In what year did you first leave your home?	Year [____ ____ ____ ____] Don't know 8888 No Response 9999	

No.	Questions and Filters	Coding Categories	Skip to
Q116	How long have you lived here in (Name of Camp/Community/Town Neighborhood/ Village)?	Number of years [__ __] Record 00 if less than 1 year Don't know 88 No Response 99	
Q117	In what year did you start to live continuously at this current place of residence?	Year [__ __ __ __] Don't know 8888 No Response 9999	

Section 2: Safe Motherhood

Now I am going to ask you questions about your current and previous pregnancies, if applicable.

No.	Questions and Filters	Coding Categories	Skip to
Q201	What are the danger signs during pregnancy? <i>Circle All Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Feeling very weak or tired (anemia) 1 2 Severe abdominal pain (pain in the belly) 1 2 Bleeding from the vagina 1 2 Fever 1 2 Swelling of hands and face 1 2 Headache 1 2 Blurred vision 1 2 Other (specify) _____ 1 2 Don't know 1 2 No Response 1 2	
Q202	Have you ever been pregnant?	Yes 1 No 2 No Response 9	→ Q300 → Q300
Q203	Are you currently pregnant?	Yes 1 No 2 Don't know 8 No Response 9	→ Q209 → Q209 → Q209
Q204	How many months are you in your pregnancy? <i>Enter months</i>	Months [__ __] Don't know 88 No Response 99	

No.	Questions and Filters	Coding Categories	Skip to
Q205	Have you seen anyone for antenatal care for this pregnancy?	Yes 1 No 2 No Response 9	→Q207 →Q208
Q206	Whom did you see? Anyone else? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Doctor 1 2 Nurse/Midwife 1 2 Traditional birth attendant/Community health worker 1 2 Other (specify) _____ 1 2 No Response 1 2	Circle responses and go to →Q208
Q207	What are the reasons that you did not see someone? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Lack of Access No health care provider available 1 2 Could not afford 1 2 Distance too far 1 2 Lack of transportation 1 2 Poor road conditions 1 2 Opposition to Care Husband/partner would not permit 1 2 Perceptions of Care Afraid of doctor, nurse, etc. 1 2 Have never used doctor, nurse before 1 2 Not treated well previously 1 2 Embarrassed or ashamed 1 2 Other (specify) _____ 1 2 No Response 1 2	
Q208	Is this your first pregnancy?	Yes 1 No 2 No Response 9	→Q300 →Q300
Q209	Now speaking about your children who are alive... How many sons and how many daughters do you have? They can be living with you or elsewhere.	Sons who are alive [] [] Daughters who are alive [] [] Total children alive [] [] No Response 99 IF THERE ARE NONE WRITE 00	
Q210	Did you have any sons or daughters who were born alive and died, though they lived a short time?	Yes 1 No 2 No Response 9	→Q212 →Q212

No.	Questions and Filters	Coding Categories	Skip to
Q211	How many of these sons and daughters were born alive and have died?	Sons who died [__ __] Daughters who died [__ __] Total children who have died [__ __] No Response 99	
Q212	Have you had any sons or daughters who were born dead AFTER completing six months of pregnancy (stillborn)?	Yes 1 No 2 No Response 9	→Q215 →Q215
Q213	How many pregnancies resulted in children who were born dead (stillborn)?	Number of STILLBORN [__ __] No Response 99	
Q214	In this (these) case(s) did the child (children) show any sign of life, for example, breathed or cried? Supervisor: Correct Q210, 211, 212, 213, 214 accordingly	Yes 1 No 2 No Response 9	→See Supervisor
Q215	There are women who lose their pregnancies BEFORE completing six months. Have you lost a baby before completing the sixth month of pregnancy (spontaneous or induced abortions)?	Yes 1 No 2 No Response 9	→Q217 →Q217
Q216	How many losses (spontaneous or induced abortions) have you had, before completing the sixth month of pregnancy?	Number of abortions [__ __] No Response 99	

PREGNANCY HISTORY

Now I would like to talk to you about all of your pregnancies (not counting the current one) in the last TWO (2) years, between 20__ and now. Please make sure you include all pregnancies during the last TWO (2) years. It does not matter how they ended, whether in a live birth, an abortion, a miscarriage, or a stillbirth.

NOTE TO INTERVIEWER: Please place the following numbers in the box for each pregnancy. After completing the information for the last pregnancy, enter “8” in the next pregnancy outcome to signify that the pregnancy table is complete.

- | | | |
|-------------------------|-------------------------|---|
| 1. Live birth | 4. Multiple: stillbirth | 7. Ectopic pregnancy (pregnancy in the tubes) |
| 2. Multiple: live birth | 5. Spontaneous abortion | 8. Pregnancy table complete |
| 3. Stillbirth | 6. Induced abortion | |

Q217	How many pregnancies have you had in the last two (2) years, between 20__ and now?	Total number of pregnancies [__ __]	If 0 pregnancies →Q300
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Q217A Starting with your most recent pregnancy, how did that pregnancy end?	Q217B When did the pregnancy end?	Q217C Did that pregnancy end in a home or health facility? NR=No Response	Q217D Were you living at your current location or somewhere else when that pregnancy ended?	Q217E Just before you became pregnant, did you want to become pregnant then, wait longer to become pregnant or did not want to become pregnant then or at any time in the future? [DO NOT READ THE FOLLOWING ALOUD]: If pregnancy did not end in a live birth, ask question and go to next pregnancy or instruction box 2.1, if no more pregnancies.	Q217F Is the child still alive? NR=No Response	Q217G At what age did he/she die?
#1 __	Month__ Year__	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 →next pregnancy or Q218 No 2 NR 9 →next pregnancy or Q218	<7 days old 1 7 -27 days 2 28 days-12 months 3 >12 months 4 No Response 9
#2 __	Month__ Year__	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 →next pregnancy or Q218 No 2 NR 9 →next pregnancy or Q218	<7 days old 1 7 -27 days 2 28 days-12 months 3 >12 months 4 No Response 9
#3 __	Month__ Year__	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 →next pregnancy or Q218 No 2 NR 9 →next pregnancy or Q218	<7 days old 1 7 -27 days 2 28 days-12 months 3 >12 months 4 No Response 9

Q217A Starting with your most recent pregnancy, how did that pregnancy end?	Q217B When did the pregnancy end?	Q217C Did that pregnancy end in a home or health facility? NR=No Response	Q217D Were you living at your current location or somewhere else when that pregnancy ended?	Q217E Just before you became pregnant, did you want to become pregnant then, wait longer to become pregnant or did not want to become pregnant then or at any time in the future? [DO NOT READ THE FOLLOWING ALOUD]: If pregnancy did not end in a live birth, ask question and go to next pregnancy or instruction box 2.1, if no more pregnancies.	Q217F Is the child still alive? NR=No Response	Q217G At what age did he/she die?
#4 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q218 No 2 NR 9 → next pregnancy or Q218	<7 days old 1 7 -27 days 2 28 days-12 months 3 >12 months 4 No Response 9
#5 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q218 No 2 NR 9 → next pregnancy or Q218	<7 days old 1 7 -27 days 2 28 days-12 months 3 >12 months 4 No Response 9
#6 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q218 No 2 NR 9 → next pregnancy or Q218	<7 days old 1 7 -27 days 2 28 days-12 months 3 >12 months 4 No Response 9
#7 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q218 No 2 NR 9 → next pregnancy or Q218	<7 days old 1 7 -27 days 2 28 days-12 months 3 >12 months 4 No Response 9
#8 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q218 No 2 NR 9 → next pregnancy or Q218	<7 days old 1 7 -27 days 2 28 days-12 months 3 >12 months 4 No Response 9
#9 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q218 No 2 NR 9 → next pregnancy or Q218	<7 days old 1 7 -27 days 2 28 days-12 months 3 >12 months 4 No Response 9
#10 ____	Month____ Year____	Home 1 Facility 2 Other____ 7 NR 9	Current location 1 Somewhere else 2 No Response 9	Wanted then 1 Wait longer 2 Wanted no more 3 No Response 9	Yes 1 → next pregnancy or Q218 No 2 NR 9 → next pregnancy or Q218	<7 days old 1 7 -27 days 2 28 days-12 months 3 >12 months 4 No Response 9

INSTRUCTION TO INTERVIEWER 2.1

Refer to pregnancy history table (Q217):

- Proceed to Q218 and ask about the **MOST RECENT PREGNANCY** that ended in a **LIVE BIRTH** or **A STILLBIRTH** (single or multiple).
- If no pregnancy ended in a live or stillbirth in the last 2 years, go to →Q300

Now I would like to ask you about the most recent pregnancy you had that ended in a live birth or a stillbirth.

No.	Questions and Filters	Coding Categories	Skip to
Q218	Did you see anyone for antenatal care for this pregnancy?	Yes 1 No 2 No Response 9	→Q221 →Q221
Q219	Who did you see for antenatal care? Anyone else? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Doctor 1 2 Nurse/Midwife 1 2 Traditional birth attendant/Community health worker 1 2 Other (specify) _____ 1 2 No Response 1 2	
Q220	How many times did you see someone for antenatal care?	One time 1 Two times 2 Three times 3 More than three times 4 No Response 9	Circle response and go to →Q222
Q221	What are the reasons that you did not see someone? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Lack of Access No health care provider available 1 2 Could not afford 1 2 Distance too far 1 2 Lack of transportation 1 2 Poor road conditions 1 2 Opposition to Care Husband/partner would not permit 1 2 Perceptions of Care Afraid of doctor, nurse, etc. 1 2 Have never used doctor, nurse before 1 2 Not treated well previously 1 2 Embarrassed or ashamed 1 2 Other (specify) _____ 1 2 No Response 1 2	

No.	Questions and Filters	Coding Categories	Skip to
Q222	Thinking back about that pregnancy, before you started or went into labor, did you have a problem or complication during pregnancy (not labor or delivery)?	Yes 1 No 2 No Response 9	→Q226 →Q226
Q223	What problem(s) or complication(s) did you have? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Feeling very weak or tired (anemia) 1 2 Severe abdominal pain (pain in the belly) 1 2 Bleeding from the vagina 1 2 Fever 1 2 Swelling of hands and face 1 2 Blurred vision 1 2 Other (specify) _____ 1 2 No Response 1 2	
Q224	Did you seek help for the problem(s) or complication(s)?	Yes 1 No 2 No Response 9	→Q226 →Q226
Q225	Where did you seek help?	Had help at home 1 Health center 2 Hospital 3 Other (specify) _____ 4 No Response 9	
Q226	Where did you deliver your most recent pregnancy?	At home 1 Health clinic/hospital 2 On the way to the hospital/clinic 3 Other(specify) _____ 4 No Response 9	
Q227	Did someone help you with the delivery?	Yes 1 No 2 Don't Know / No Response 9	→Q229 →Q229
Q228	Who helped with the delivery?	Relative/friend 1 Traditional birth attendant 2 Midwife, nurse, or doctor 3 Other (specify) _____ 4 No Response 9	
Q229	Were there any complications during labor and delivery?	Yes 1 No 2 No Response 9	→Q231 →Q231

No.	Questions and Filters	Coding Categories	Skip to
Q230	What complications did you have? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Heavy bleeding 1 2 Prolonged (> 12 hours)/obstructed labor 1 2 Vaginal tearing 1 2 Convulsions 1 2 Fever 1 2 Green or brown water coming from the vagina 1 2 Other (specify) _____ 1 2 No Response 1 2	
Q231	During the 6 weeks after birth, did a health worker come to your home to check on you or did you go to the health center to check your health?	Yes, health worker visited 1 Yes, went to health center 2 Yes, health worker visited and went to health center 3 No 4 No Response 9	→Q233 →Q233
Q232	During this visit, did you receive information or counseling about family planning?	Yes 1 No 2 No Response 9	
Q233	During the 6 weeks after birth, did you have any problems or complications?	Yes 1 No 2 No Response 9	→Q300 →Q300
Q234	What problem(s) or complication(s) did you have? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Heavy bleeding 1 2 Bad smelling vaginal discharge 1 2 High fever 1 2 Painful urination 1 2 Hot, swollen painful breasts 1 2 Other (specify) _____ 1 2 No Response 1 2	
Q235	Did you seek help for the problem(s) or complication(s)?	Yes 1 No 2 No Response 9	→Q300 →Q300
Q236	Where did you seek help for these problem(s) or complication(s)?	Had help at home 1 Health center 2 Hospital 3 Other (specify) _____ 4 No Response 9	

Section 3: Family Planning

Now I am going to ask you questions about ways to prevent pregnancy. The first set of questions is about your knowledge of family planning methods. These are not questions about your current use of family planning methods.

METHOD	Q300 Have you ever heard of it? NR=No Response	Q301 Have you ever been taught or instructed on how it works? NR=No Response	Q302 Have you ever used it? NR=No Response	Q303 Where would you go to get it? (See Codes Below)	Q304 In your opinion, what is the main problem, if any, with using (method)? (See Codes Below)
A. The Pill (Oral Contraceptives)	Yes 1→Q301A No 2→B NR 9→B	Yes 1→Q302A No 2→Q302 NR 9→Q302	Yes 1→Q303A No 2→Q303 NR 9→Q303	→Q304	→B
B. IUD (Loop)	Yes 1→Q301B No 2→C NR 9→C	Yes 1→Q302B No 2→Q302 NR 9→Q302	Yes 1→Q303B No 2→Q303 NR 9→Q303	→Q304	→C
C. Condoms (male) (Local name)	Yes 1→Q301C No 2→D NR 9→D	Yes 1→Q302C No 2→Q302 NR 9→Q302	Yes 1→Q303C No 2→Q303 NR 9→Q303	→Q304	→D
D. Implants	Yes 1→Q301D No 2→E NR 9→E	Yes 1→Q302D No 2→Q302 NR 9→Q302	Yes 1→Q303D No 2→Q303 NR 9→Q303	→Q304	→E
E. Injectables (Depo-Provera)	Yes 1→Q301E No 2→F NR 9→F	Yes 1→Q302E No 2→Q302 NR 9→Q302	Yes 1→Q303E No 2→Q303 NR 9→Q303	→Q304	→F
F. Emergency Hormonal Contraception ("Morning After Pill")	Yes 1→Q301F No 2→G NR 9→G	Yes 1→Q302F No 2→Q302 NR 9→Q302	Yes 1→Q303F No 2→Q303 NR 9→Q303	→Q304	→G
G. Tubal Ligation	Yes 1→Q301G No 2→H NR 9→H	Yes 1→Q302G No 2→Q302 NR 9→Q302	Yes 1→Q303G No 2→Q303 NR 9→Q303	→Q304	→H
H. Vasectomy (Male Sterilization)	Yes 1→Q301H No 2→I NR 9→I	Yes 1→Q302H No 2→Q302 NR 9→Q302	Yes 1→Q303H No 2→Q303 NR 9→Q303	→Q304	→I
I. Rhythm/calendar Method	Yes 1→Q301I No 2→J NR 9→J	Yes 1→Q302I No 2→Q302 NR 9→Q302	Yes 1→Q303I No 2→Q303 NR 9→Q303	→Q304	→J
J. Withdrawal (Coitus Interruptus)	Yes 1→Q301J No 2→K NR 9→K	Yes 1→Q302J No 2→Q302 NR 9→Q302	Yes 1→Q303J No 2→Q303 NR 9→Q303	→Q304	→K
K. Other contraceptive methods (SPECIFY): _____	Yes 1→Q301K No 2→ NR 9→	Yes 1→Q302K No 2→Q302 NR 9→Q302	Yes 1→Q303K No 2→Q303 NR 9→Q303	→Q304	→Q305

Codes for Q303 (Do Not Read Aloud)

1. Health center in camp/community _____
2. Private health clinic
3. Supermarket / Market
4. Friends/relatives
5. Pharmacy
6. Other (specify) _____
8. Don't know
9. No response

Codes for Q304 (Do Not Read Aloud)

1. Cannot obtain method
2. Husband/partner will not permit
3. Religious reasons
4. Stops my period
5. Increases/irregular periods
6. Cannot afford
7. Does not work
8. Other (specify) _____
11. No problems
88. Don't know
99. No response

These next questions are about your current use of family planning methods.

No.	Questions and Filters	Coding Categories	Skip to
Q305	Do you want to have a baby in the future?	Yes 1 No 2 No Response 9	→Q307 →Q307
Q306	When do you want to have your next baby?	Within the next 12 months 1 Within 1-2 years 2 After 2 years 3 After I marry 4 When God wants 5 Other (specify) _____ 6 No Response 9	
Q307	Do you think you can physically get pregnant now if you want to or are you currently pregnant?	Yes 1 No 2 Currently pregnant 3 No Response 9	→Q309 →Q401 →Q401
Q308	What is the main reason why you think you cannot physically get pregnant? CIRCLE ONE	Menopause 1 Respondent or partner had an operation which makes pregnancy impossible 2 Respondent has tried to get pregnant for at least two years without success 3 Respondent is not sexually active 4 Postpartum (4 weeks after birth) 5 Breastfeeding 6 Other(specify) _____ 7 No Response 9	Circle response and go to →Q401

No.	Questions and Filters	Coding Categories	Skip to
Q309	Are you currently using any method to delay or avoid pregnancy?	Yes 1 No 2 No Response 9	→Q311 →Q314
Q310	What are the reasons you are not using a method to delay or avoid getting pregnant? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Fertility-Related Reasons Wants more children now 1 2 Not having sex/infrequent sex 1 2 Unable/difficulty get pregnant 1 2 Postpartum (4 weeks after birth) 1 2 Breastfeeding 1 2 Opposition to Use Respondent opposed 1 2 Husband opposed 1 2 Others opposed 1 2 Religious prohibition 1 2 Lack of Knowledge Knows no method 1 2 Knows no source 1 2 Method-Related Reasons Fears side effects 1 2 Inconvenient to use 1 2 Lack of Access Too far/method not available 1 2 Expensive 1 2 Other (specify) _____ 1 2 No Response 1 2	Circle responses and go to →Q314
Q311	Are you using the method because you want to have another child later or because you want no more children at all?	Wants another child later 1 Wants no more children 2 No Response 9	
Q312	Which method have you been using? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Pill 1 2 IUD 1 2 Male condom 1 2 Implants 1 2 Injectables 1 2 Emergency hormonal contraception 1 2 Tubal ligation 1 2 Vasectomy 1 2 Rhythm/calendar method 1 2 Withdrawal 1 2 Other (specify) _____ 1 2 No Response 1 2	

No.	Questions and Filters	Coding Categories	Skip to
Q313	Where did you last obtain your method?	Health center in the camp/community 1 Hospital 2 Supermarket / Market 3 Pharmacy 4 Other(specify) _____ 5 No Response 9	Circle response and go to →Q401
Q314	Do you think you will use a method to delay or avoid pregnancy in the next 12 months?	Yes 1 No 2 Don't know 8 No Response 9	→Q316 →Q401 →Q401
Q315	What are the reasons that you think you will not use a method? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Fertility-Related Reasons Wants more children now 1 2 Not having sex/infrequent sex 1 2 Unable/difficulty get pregnant 1 2 Postpartum (4 weeks after birth) 1 2 Breastfeeding 1 2 Opposition to Use Respondent opposed 1 2 Husband opposed 1 2 Others opposed 1 2 Religious prohibition 1 2 Lack of Knowledge Knows no method 1 2 Knows no source 1 2 Method-Related Reasons Fears side effects 1 2 Inconvenient to use 1 2 Lack of Access Too far/method not available 1 2 Expensive 1 2 Other (specify) _____ 1 2 No Response 1 2	Circle responses and go to →Q401
Q316	Which method would you prefer to use? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Pill 1 2 IUD 1 2 Male condom 1 2 Implants 1 2 Injectables 1 2 Emergency hormonal contraception 1 2 Tubal ligation 1 2 Vasectomy 1 2 Rhythm/calendar method 1 2 Withdrawal 1 2 Other(specify) _____ 1 2 No Response 1 2	

Section 4: Marriage and live-in partnerships

Next, I am going to ask you questions about your marital status and living arrangements.

No.	Questions and Filters	Coding Categories	Skip to
Q401	Have you ever been married or lived with a man with whom you had a sexual relationship?	Yes 1 No 2 No Response 9	→Q501 →Q501
Q402	How old were you when you first got married or started to live with a man?	Age in years [__ __] Don't know 88 No Response 99	
Q403	Did your current or most recent partner ever attend school?	Yes 1 No 2 Don't Know 8 No Response 9	→Q405 →Q405 →Q405
Q404	What is the highest grade of education that your current or most recent partner completed?	Grade [__ __] If less than grade 1, enter 00 Technical/Vocational 55 University or higher 66 Don't Know 88 No Response 99	
Q405	What kind of work does/did he normally do?	Professional 1 Semi-skilled 2 Unskilled/manual 3 Military/police 4 Unemployed 5 Other (specify) _____ 6 Don't Know 8 No Response 9	
Q406	Which of the following describes your current marital status or living arrangement? <i>[Read responses]</i>	Currently married, living with husband 1 Currently married, but not living with husband 2 Currently living with a partner 3 Not married and not living with a partner 4 No Response 9	→Q501 →Q501
Q407	Have you been living with your husband or partner for the past 12 months?	Yes 1 No 2 No Response 9	

Q408 and Q409 are only appropriate for settings where polygamy is practiced.

No.	Questions and Filters	Coding Categories	Skip to
Q408	IF MARRIED: Does your husband currently have other wives besides yourself?	Yes 1 No 2 No Response 9	→Q501 →Q501
Q409	Are you the first, second, third or fourth wife? (Make sure respondent understands this is number of wives at the same time)	First wife 1 Second wife 2 Third wife 3 Fourth wife 4 No Response 9	

Section 5: Sexual history (numbers and types of partners; condom use)

Now I am going to ask you questions about your sexual history. Please remember that everything you tell me will be kept confidential, meaning that anything you tell me will not be repeated to anyone else.

No.	Questions and Filters	Coding Categories	Skip to
Q501	How old were you when you first had sexual intercourse?	Age in years [__ __] Never had sexual intercourse 00 Don't know 88 No Response 99	→Q601
Q502	Have you had sexual intercourse in the last 30 days (past month)?	Yes 1 No 2 No Response 9	
Q503	Have you ever had a sexual partner that was occasional, sporadic, or unexpected?	Yes 1 No 2 No Response 9	→Q601 →Q601
Q504	How many sexual partners have you had that were occasional, sporadic, or unexpected during the last 12 months?	Number of partners [__ __] If none, enter 00 No Response 9	→Q601 →Q601
Q505	The last time you had sex with an occasional, sporadic, or unexpected partner, did you and your partner use a condom?	Yes 1 No 2 No Response 9	→Q507 →Q601
Q506	Why didn't you and your partner use a condom that time? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Not available 1 2 Too expensive 1 2 Partner objected 1 2 Do not like them 1 2 Used other contraceptive 1 2 Didn't think it was necessary 1 2 Didn't think of it 1 2 Other (specify) _____ 1 2 No Response 1 2	Circle responses and go to →Q601
Q507	Who suggested the use of a condom?	My partner 1 Myself 2 Joint decision 3 No Response 9	

Section 6: Sexually Transmitted Infections (STIs)

These next questions are about sexually transmitted infections.

No.	Questions and Filters	Coding Categories	Skip to
Q601	Have you ever heard of diseases that can be transmitted through sexual intercourse, other than HIV/AIDS?	Yes 1 No 2 No Response 9	→Q603 →Q603
Q602	If a woman has a sexually transmitted infection, what symptoms might she have? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	Abdominal pain 1 2 Green or curd-like vaginal discharge 1 2 Foul-smelling discharge 1 2 Burning pain during urination 1 2 Redness / inflammation in genital area 1 2 Genital ulcers / sores 1 2 Genital itching 1 2 Blood in urine 1 2 Loss of weight 1 2 Yellow eyes / yellow skin 1 2 Hard to get pregnant or have a child 1 2 Other (specify) _____ 1 2 Don't Know 1 2 No Response 1 2	
Q603	Have you had any unusual genital discharge in the past 12 months?	Yes 1 No 2 No Response 9	
Q604	Have you had any genital ulcers or sores in the past 12 months?	Yes 1 No 2 No Response 9	If no to both Q603 AND Q604 go to →Q701
Q605	The last time you had any unusual genital discharge, genital ulcers, or sores, did you seek treatment?	Yes 1 No 2 No Response 9	→Q607 →Q701
Q606	Where did you go or whom did you see?	Health center in camp/community 1 Health center outside of camp/community 2 Hospital 3 Local healer 4 Pharmacist 5 Supermarket / Market 6 Other (specify) _____ 7 No Response 9	Circle response and go to →Q701

No.	Questions and Filters	Coding Categories	Skip to
Q607	<p>Why didn't you see anyone for these symptoms?</p> <p><i>Circle all Mentioned</i></p> <p><i>1 = mentioned 2 = not mentioned</i></p>	<p>Lack of Access</p> <p>No health care provider available 1 2</p> <p>Could not afford 1 2</p> <p>Distance too far 1 2</p> <p>Lack of transportation 1 2</p> <p>Poor road conditions 1 2</p> <p>Opposition to Care</p> <p>Husband/partner would not permit 1 2</p> <p>Perceptions of Care</p> <p>Afraid of doctor, nurse, etc. 1 2</p> <p>Have never used doctor, nurse before 1 2</p> <p>Not treated well previously 1 2</p> <p>Embarrassed or ashamed 1 2</p> <p>Other (specify) _____ 1 2</p> <p>No Response 1 2</p>	

Section 7: Knowledge, Opinions, and Attitudes about HIV/AIDS

The next set of questions is about your knowledge, opinion, and attitudes about HIV/AIDS. It is important to note that some of the questions that will be read reflect statements that are true and other questions reflect statements that are false.

No.	Questions and Filters	Coding Categories	Skip to
Q701	Have you ever heard of HIV or a disease called AIDS?	Yes 1 No 2 No Response 9	→Q801 →Q801
Q702	Can people protect themselves from HIV/AIDS infection by having one uninfected faithful sex partner?	Yes 1 No 2 Don't know 8 No Response 9	
Q703	Can people protect themselves from HIV/AIDS infection by using a condom correctly every time they have sex?	Yes 1 No 2 Don't know 8 No Response 9	
Q704	Can people protect themselves from HIV/AIDS by abstaining from sexual intercourse?	Yes 1 No 2 Don't know 8 No Response 9	
Q705	Can a person get HIV/AIDS from a mosquito bite?	Yes 1 No 2 Don't know 8 No Response 9	
Q706	Can people get infected with HIV/AIDS by sharing a toothbrush with someone who is infected?	Yes 1 No 2 Don't know 8 No Response 9	
Q707	Can people get infected with HIV/AIDS by having anal sex with a male partner and not using a condom?	Yes 1 No 2 Don't know 8 No Response 9	
Q708	Can a person get HIV/AIDS by getting injected with a needle that was already used by someone else?	Yes 1 No 2 Don't know 8 No Response 9	

No.	Questions and Filters	Coding Categories	Skip to
Q709	Can a person get HIV/AIDS by sharing food with someone who is infected?	Yes 1 No 2 Don't know 8 No Response 9	
Q710	Is it possible for a healthy-looking person to have HIV/AIDS?	Yes 1 No 2 Don't know 8 No Response 9	
Q711	Can a pregnant woman infected with HIV/AIDS give the virus to her unborn child during pregnancy or delivery?	Yes 1 No 2 Don't know 8 No Response 9	
Q712	Can a woman infected with HIV/AIDS give the virus to her baby during breastfeeding?	Yes 1 No 2 Don't know 8 No Response 9	
Q713	If a member of your family got infected with HIV/AIDS, would you want it to remain a secret?	Yes, keep it secret 1 No 2 Don't know 8 No Response 9	
Q714	If a relative of yours became sick with HIV/AIDS, would you be willing to care for him/ her in your own household?	Yes 1 No 2 Don't know 8 No Response 9	
Q715	If a teacher was infected with HIV/AIDS, should he/she be allowed to continue teaching?	Yes 1 No 2 Don't know 8 No Response 9	
Q716	Would you buy fresh vegetables from a shopkeeper who was infected HIV/AIDS?	Yes 1 No 2 Don't know 8 No Response 9	
Q717	Should young adolescents be taught on how to use condoms?	Yes 1 No 2 Don't know 8 No Response 9	

No.	Questions and Filters	Coding Categories	Skip to
Q718	Do you think you are at high risk, moderate risk or no risk for getting HIV/AIDS?	Yes, high risk 1 Yes, moderate risk 2 No risk 3 Don't know 8 No Response 9	→Q720 →Q720 →Q720
Q719	Why do you think you are at moderate or high risk of getting HIV/AIDS?	Respondent has more than 1 partner 1 Husband/partner has more than 1 partner 2 Husband/partner works far away, does not come home often 3 Use intravenous drugs 4 Many family members and friends have HIV 5 Other (specify) _____ 20 No Response 99	
Q720	Have you received information about HIV/AIDS in the past 12 months?	Yes 1 No 2 Don't know 8 No Response 9	→Q722 →Q722 →Q722
Q721	From what sources have you received information about HIV/AIDS in the past 12 months? <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i> <i>VCT = Voluntary Counseling and Testing</i> <i>ANC = Antenatal Care</i> <i>MTCT = Mother to Child Transmission</i>	Mass media Radio 1 2 TV / Video 1 2 Newspaper 1 2 Poster / pamphlet 1 2 Health services Government/Public health facility 1 2 Private health facility 1 2 VCT center 1 2 ANC/MTCT center 1 2 People Community health worker 1 2 Friend 1 2 Family member 1 2 Person living with HIV/AIDS 1 2 Peer outreach worker 1 2 Other places School 1 2 Place of worship 1 2 Public meeting 1 2 Others (specify) _____ 1 2 No Response 1 2	

No.	Questions and Filters	Coding Categories	Skip to
Q722	<p>From what sources would you prefer to receive information on HIV/AIDS?</p> <p><i>Circle all Mentioned</i></p> <p><i>1 = mentioned 2 = not mentioned</i></p> <p><i>VCT = Voluntary Counseling and Testing</i> <i>ANC = Antenatal Care</i> <i>MTCT = Mother to Child Transmission</i></p>	<p>Mass media</p> <p>Radio 1 2</p> <p>TV / Video 1 2</p> <p>Newspaper 1 2</p> <p>Poster / pamphlet 1 2</p> <p>Health services</p> <p>Government/Public health facility 1 2</p> <p>Private health facility 1 2</p> <p>VCT center 1 2</p> <p>ANC/MTCT center 1 2</p> <p>People</p> <p>Community health worker 1 2</p> <p>Friend 1 2</p> <p>Family member 1 2</p> <p>Person living with HIV/AIDS 1 2</p> <p>Peer outreach worker 1 2</p> <p>Other places</p> <p>School 1 2</p> <p>Place of worship 1 2</p> <p>Public meeting 1 2</p> <p>Others (specify) _____ 1 2</p> <p>No Response 1 2</p>	
Q723	Do you know a place where a person can be tested for HIV/AIDS?	<p>Yes 1</p> <p>No 2</p> <p>Don't know 8</p> <p>No Response 9</p>	<p>→Q725</p> <p>→Q725</p> <p>→Q725</p>
Q724	Where can a person be tested for HIV/AIDS?	<p>In refugee camp 1</p> <p>In local community 2</p> <p>In both refugee camp and local community 3</p> <p>Other (specify) _____ 4</p> <p>Don't know 8</p> <p>No Response 9</p>	
Q725	I don't want to know the result, but have you ever had an HIV/AIDS test?	<p>Yes 1</p> <p>No 2</p> <p>No Response 9</p>	<p>→Q731</p> <p>→Q731</p>
Q726	When was the last time you were tested for HIV/AIDS?	<p>Less than 1 year ago 1</p> <p>1-2 years ago 2</p> <p>3 or more years ago 3</p> <p>No Response 9</p>	

Q727	The last time you were tested for HIV/AIDS was it voluntary or mandatory?	Voluntary 1 Mandatory 2 No Response 9	
Q728	The last time you were tested for HIV/AIDS did you receive counseling?	Yes 1 No 2 No Response 9	
Q729	The last time you were tested for HIV/AIDS, where did you go to get tested?	Public sector Hospital 1 Government health facility 2 Clinic/family planning 3 Mobile Clinic (government, public) 4 Private sector Private hospital/Clinic 5 Pharmacy 6 Private medical doctor 7 Mobile clinic (private) 8 Traditional healer 9 Other (specify) _____ 10 No Response 99	
Q730	Did you find out the result of your test? Please do not tell me the result.	Yes 1 No 2 No Response 9	
Q731	Would you go for a HIV/AIDS test in the future?	Yes 1 No 2 Don't know/ not sure 8 No Response 9	→Q801 →Q801
Q732	What is the primary reason you do not want to go for a test?	Sure of being infected 1 Afraid of the result 2 Afraid of the blood taking 3 Afraid of catching an infection 4 Fear of stigmatization 5 Too expensive 6 Other (specify) _____ 7 No Response 9	

Section 8: Gender-Based Violence

Now I would like to focus on difficulties that may have happened to you during the conflict [specify dates _____]. I am asking about things that may have been done to you by persons outside your family such as soldiers, militia, police officers, and guards. These acts could have happened in places such as on the road, in a refugee or internally displaced person (IDP) camp, or in another village. Please remember that if you need to, we can stop and take a break at any time. And also please remember that I will continue to make sure your answers are absolutely confidential. We also want you to know that we can refer you to someone who can help.

Q801. During the conflict, were you subjected to any of these forms of violence by people outside of your family? These acts could have been done by anyone who is not a family member. Were you: (READ A-I) NR=No Response	Q802. How often did (A-I) happen to you? Would you say once or twice, several times, or many times? NR=No Response	Q803. Who did this to you? Circle All Mentioned 1=mentioned 2=not mentioned	Q804. Where did this take place? Circle All Mentioned 1=mentioned 2=not mentioned
<p>A. Physically hurt, such as slapped, hit, choked, beaten or kicked?</p> <p>Yes 1 No 2 → B NR 9 → B</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>B. Threatened with a weapon of any kind</p> <p>Yes 1 No 2 → C NR 9 → C</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

<p>Q801. During the conflict, were you subjected to any of these forms of violence by people outside of your family? These acts could have been done by anyone who is not a family member. Were you: (READ A-I)</p> <p>NR=No Response</p>	<p>Q802. How often did (A-I) happen to you? Would you say once or twice, several times, or many times?</p> <p>NR=No Response</p>	<p>Q803. Who did this to you?</p> <p>Circle All Mentioned 1=mentioned 2=not mentioned</p>	<p>Q804. Where did this take place?</p> <p>Circle All Mentioned 1=mentioned 2=not mentioned</p>
<p>C. Shot at or stabbed</p> <p>Yes 1 No 2 → D NR 9 → D</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>D. Detained against your will</p> <p>Yes 1 No 2 → E NR 9 → E</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>E. Subjected to improper sexual comments</p> <p>Yes 1 No 2 → F NR 9 → F</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

Q801. During the conflict, were you subjected to any of these forms of violence by people outside of your family? These acts could have been done by anyone who is not a family member. Were you: (READ A-I) NR=No Response	Q802. How often did (A-I) happen to you? Would you say once or twice, several times, or many times? NR=No Response	Q803. Who did this to you? Circle All Mentioned 1=mentioned 2=not mentioned	Q804. Where did this take place? Circle All Mentioned 1=mentioned 2=not mentioned
<p>F. Forced to remove or stripped of your clothing</p> <p>Yes 1 No 2 → G NR 9 → G</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>G. Subjected to unwanted kissing or touching on sexual parts of your body</p> <p>Yes 1 No 2 → H NR 9 → H</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>H. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex</p> <p>Yes 1 No 2 → I NR 9 → I</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2 No Response 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

Q801. During the conflict, were you subjected to any of these forms of violence by people outside of your family? These acts could have been done by anyone who is not a family member. Were you: (READ A-I) NR=No Response	Q802. How often did (A-I) happen to you? Would you say once or twice, several times, or many times? NR=No Response	Q803. Who did this to you? Circle All Mentioned 1=mentioned 2=not mentioned	Q804. Where did this take place? Circle All Mentioned 1=mentioned 2=not mentioned
I. Anything else (specify)? _____ Yes 1 No 2 → Q805 NR 9 → Q805	Once or twice 1 Several times 2 Many times 3 NR 99	Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2 No Response 1 2	Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2

Now I would like to focus on difficulties that may have happened to you after the conflict [specify dates_____]. Like before, I am asking about things that may have been done to you by persons outside your family such as soldiers, militia, police officers, and guards. These acts could have happened in places such as on the road, in a refugee camp or in another village. These are the same questions I just asked you, but now I would like to know if any of them were done to you after the conflict by persons outside of your family. Please remember that if you need to, we can stop and take a break at any time. And also please remember that I will continue to make sure your answers are absolutely confidential. We also want you to know that we can refer you to someone who can help.

Q805. After the conflict, were you subjected to any of these forms of violence by people outside of your family? These acts could have been done by anyone who are not family members. Were you (READ A-I) NR=No Response	Q806. How often did (A-I) happen to you? Would you say once or twice, several times, or many times? NR=No Response	Q807. Who did this to you? Circle All Mentioned 1=mentioned 2=not mentioned	Q808. Where did this take place? Circle All Mentioned 1=mentioned 2=not mentioned
A. Physically hurt, such as slapped, hit, choked, beaten, or kicked? Yes 1 No 2 → B NR 9 → B	Once or twice 1 Several times 2 Many times 3 NR 99	Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2 No Response 1 2	Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2

<p>Q805. After the conflict, were you subjected to any of these forms of violence by people outside of your family? These acts could have been done by anyone who are not family members. Were you (READ A-I)</p> <p>NR=No Response</p>	<p>Q806. How often did (A-I) happen to you? Would you say once or twice, several times, or many times?</p> <p>NR=No Response</p>	<p>Q807. Who did this to you?</p> <p><i>Circle All Mentioned</i> <i>1=mentioned</i> <i>2=not mentioned</i></p>	<p>Q808. Where did this take place?</p> <p><i>Circle All Mentioned</i> <i>1=mentioned</i> <i>2=not mentioned</i></p>
<p>B. Threatened with a weapon of any kind</p> <p>Yes 1 No 2 → C NR 9 → C</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>C. Shot at or stabbed</p> <p>Yes 1 No 2 → D NR 9 → D</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>D. Detained against your will</p> <p>Yes 1 No 2 → E NR 9 → E</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

<p>Q805. After the conflict, were you subjected to any of these forms of violence by people outside of your family? These acts could have been done by anyone who are not family members. Were you (READ A-I)</p> <p>NR=No Response</p>	<p>Q806. How often did (A-I) happen to you? Would you say once or twice, several times, or many times?</p> <p>NR=No Response</p>	<p>Q807. Who did this to you?</p> <p><i>Circle All Mentioned</i> <i>1=mentioned</i> <i>2=not mentioned</i></p>	<p>Q808. Where did this take place?</p> <p><i>Circle All Mentioned</i> <i>1=mentioned</i> <i>2=not mentioned</i></p>
<p>E. Subjected to improper sexual comments</p> <p>Yes 1 No 2 → F NR 9 → F</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>F. Forced to remove or stripped of your clothing</p> <p>Yes 1 No 2 → G NR 9 → G</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>G. Subjected to unwanted kissing or touching on sexual parts of your body</p> <p>Yes 1 No 2 → H NR 9 → H</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

<p>Q805. After the conflict, were you subjected to any of these forms of violence by people outside of your family? These acts could have been done by anyone who are not family members. Were you (READ A-I)</p> <p>NR=No Response</p>	<p>Q806. How often did (A-I) happen to you? Would you say once or twice, several times, or many times?</p> <p>NR=No Response</p>	<p>Q807. Who did this to you?</p> <p><i>Circle All Mentioned</i> 1=mentioned 2=not mentioned</p>	<p>Q808. Where did this take place?</p> <p><i>Circle All Mentioned</i> 1=mentioned 2=not mentioned</p>
<p>H. Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex</p> <p>Yes 1 No 2 → I NR 9 → I</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>
<p>I. Anything else (specify)?</p> <p>_____</p> <p>Yes 1 No 2 → Instruction box 8.1 NR 9 → Instruction box 8.1</p>	<p>Once or twice 1 Several times 2 Many times 3 NR 99</p>	<p>Military 1 2 Paramilitary 1 2 Police 1 2 Jail or prison guard 1 2 Doctor/medical person 1 2 Religious worker 1 2 Humanitarian relief worker 1 2 Neighbor/community member 1 2 Fellow refugee/IDP 1 2 Other(specify) _____ 1 2</p>	<p>Current location 1 2 Any previous camp 1 2 Home village/town 1 2 Traveling by road/boat 1 2 Other(specify) _____ 1 2 No Response 1 2</p>

INSTRUCTIONS TO INTERVIEWER 8.1

- If any violence reported, during (Q801) or after the conflict (Q805), continue to →Q809
- If no violence reported, go to →Q815

No.	Questions and Filters	Coding Categories	Skip to																																								
Q809	Did you ever have any injuries from any of these incidents?	Yes 1 No 2 No Response 9	→Q812 →Q812																																								
Q810	What type of injury did you have? READ A-I A. Cuts, punctures, bites B. Scratches, abrasions, bruises C. Sprains, dislocations D. Burns E. Penetrating injury, deep cuts, gashes F. Broken eardrum, eye injuries G. Fractures, broken bones H. Broken teeth I. Other: (specify) _____	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>No Response</th></tr> </thead> <tbody> <tr><td>A)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>B)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>C)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>D)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>E)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>F)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>G)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>H)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>I)</td><td>1</td><td>2</td><td>9</td></tr> </tbody> </table>		YES	NO	No Response	A)	1	2	9	B)	1	2	9	C)	1	2	9	D)	1	2	9	E)	1	2	9	F)	1	2	9	G)	1	2	9	H)	1	2	9	I)	1	2	9	
	YES	NO	No Response																																								
A)	1	2	9																																								
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F)	1	2	9																																								
G)	1	2	9																																								
H)	1	2	9																																								
I)	1	2	9																																								
Q811	Did you see a doctor or any other medical care provider for medical treatment of these injuries?	Yes 1 No 2 No Response 9																																									
Q812	Did you talk about this/these incidents of violence with READ A-F A. A family member B. A friend C. A doctor/other provider D. Police/military E. NGO worker F. Someone else (specify) _____	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>No Response</th></tr> </thead> <tbody> <tr><td>A)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>B)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>C)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>D)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>E)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>F)</td><td>1</td><td>2</td><td>9</td></tr> </tbody> </table>		YES	NO	No Response	A)	1	2	9	B)	1	2	9	C)	1	2	9	D)	1	2	9	E)	1	2	9	F)	1	2	9													
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INSTRUCTIONS TO INTERVIEWER 8.2

- If respondent talked to anyone about the violence in Q812, Go to →Q814
- If respondent did not talk to anyone about the violence in Q812, continue to →Q813

No.	Questions and Filters	Coding Categories	Skip to
Q813	<p>What were the main reasons you were not able to talk to anyone about the violence?</p> <p><i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i></p>	<p>Did not know where to go 1 2</p> <p>No use/would not do any good 1 2</p> <p>Embarrassed 1 2</p> <p>Afraid of more violence 1 2</p> <p>Afraid of causing problems in relationship 1 2</p> <p>Would not be believed/taken seriously 1 2</p> <p>Violence normal/no need to complain 1 2</p> <p>Thought she would be blamed 1 2</p> <p>Bring bad name to family 1 2</p> <p>Other (specify) _____ 1 2</p> <p>No Response 1 2</p>	
Q814	<p>Are there things that you think might be helpful to you in coping with your experiences of violence?</p> <p><i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i></p>	<p>Support group for women 1 2</p> <p>Talking it over with friends 1 2</p> <p>Talking it over with family 1 2</p> <p>Assistance from NGO workers 1 2</p> <p>Legal advice/traditional justice 1 2</p> <p>Religious counseling 1 2</p> <p>Mental health counseling 1 2</p> <p>Medical assistance 1 2</p> <p>Trying to forget about it 1 2</p> <p>Other (specify) _____ 1 2</p> <p>No Response 1 2</p>	

INSTRUCTIONS TO INTERVIEWER 8.3

Refer to Q401:

- If respondent has ever had a husband or partner, continue to →Q815
- If respondent has never had a husband or partner, skip to →Q823

This next set of questions is about violence and physical abuse that may have happened between you and a husband, or partner you live with, now or in the past.

Q815 Please tell me if any of your partners or ex-partners ever (READ A-E):	Q816 During the last year, how many times did (A-E) happen to you? Would you say never, once or twice, several times, or most of the time?
<p>A. Forbid you from participating in activities in the community such as seeing friends or family, educational opportunities, women's groups, or employment opportunities</p> <p>Yes 1 →Q816</p> <p>No 2 →B</p> <p>No Response 9 →B</p>	<p>Never 1</p> <p>Once or twice 2</p> <p>Several times 3</p> <p>Most of the time 4</p> <p>No Response 99</p>
<p>B. Threatened to hurt you with a weapon or himself</p> <p>Yes 1 →Q816</p> <p>No 2 →C</p> <p>No Response 9 →C</p>	<p>Never 1</p> <p>Once or twice 2</p> <p>Several times 3</p> <p>Most of the time 4</p> <p>No Response 99</p>
<p>C. Slapped you, twisted your arm, hit you with a fist or something else, pushed you down or kicked you, or choked you</p> <p>Yes 1 →Q816</p> <p>No 2 →D</p> <p>No Response 9 →D</p>	<p>Never 1</p> <p>Once or twice 2</p> <p>Several times 3</p> <p>Most of the time 4</p> <p>No Response 99</p>
<p>D. Threatened to hurt you or used force to make you have sex with him when you did not want to</p> <p>Yes 1 →Q816</p> <p>No 2 →E</p> <p>No Response 9 →E</p>	<p>Never 1</p> <p>Once or twice 2</p> <p>Several times 3</p> <p>Most of the time 4</p> <p>No Response 99</p>
<p>E. Anything else?(specify) _____</p> <p>Yes 1 →Q816</p> <p>No 2 →Instruction to the Interviewer 8.4</p> <p>No Response 9 →Instruction to the Interviewer 8.4</p>	<p>Never 1</p> <p>Once or twice 2</p> <p>Several times 3</p> <p>Most of the time 4</p> <p>No Response 99</p>

INSTRUCTIONS TO INTERVIEWER 8.4

- If **ANY** violence reported in Q815 (A-E), continue to →Q817
- If **NO** violence reported in Q815 (A-E), go to →Q823

No.	Questions and Filters	Coding Categories	Skip to																																								
Q817	Did you ever have any injuries from any of these incidents?	Yes 1 No 2 No Response 9	→Q820 →Q820																																								
Q818	What type of injury did you have? READ A-1 A. Cuts, punctures, bites B. Scratches, abrasions, bruises C. Sprains, dislocations D. Burns E. Penetrating injury, deep cuts, gashes F. Broken eardrum, eye injuries G. Fractures, broken bones H. Broken teeth I. Other (specify) _____	<table> <tr> <th></th><th>YES</th><th>NO</th><th>No Response</th></tr> <tr><td>A)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>B)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>C)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>D)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>E)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>F)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>G)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>H)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>I)</td><td>1</td><td>2</td><td>9</td></tr> </table>		YES	NO	No Response	A)	1	2	9	B)	1	2	9	C)	1	2	9	D)	1	2	9	E)	1	2	9	F)	1	2	9	G)	1	2	9	H)	1	2	9	I)	1	2	9	
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Q819	Did you see a doctor or any other medical care provider for medical treatment of these injuries?	Yes 1 No 2 No Response 9																																									
Q820	Did you talk about this/these incidents of violence with (READ A-F): A. A family member B. A friend C. A doctor/other provider D. Police/military E. NGO Worker F. Other (specify) _____	<table> <tr> <th></th><th>YES</th><th>NO</th><th>No Response</th></tr> <tr><td>A)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>B)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>C)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>D)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>E)</td><td>1</td><td>2</td><td>9</td></tr> <tr><td>F)</td><td>1</td><td>2</td><td>9</td></tr> </table>		YES	NO	No Response	A)	1	2	9	B)	1	2	9	C)	1	2	9	D)	1	2	9	E)	1	2	9	F)	1	2	9													
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INSTRUCTIONS TO INTERVIEWER 8.5

- If respondent talked to anyone about the violence in Q820, continue to →Q822
- If respondent did not talk to anyone about the violence in Q820, go to →Q821

No.	Questions and Filters	Coding Categories	Skip to
Q821	<p>What were the main reasons you were not able to talk to anyone about the violence?</p> <p><i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i></p>	<p>Did not know where to go 1 2</p> <p>No use/would not do any good 1 2</p> <p>Embarrassed 1 2</p> <p>Afraid of more violence 1 2</p> <p>Afraid of causing problems in relationship 1 2</p> <p>Would not be believed/taken seriously 1 2</p> <p>Violence normal/no need to complain 1 2</p> <p>Thought she would be blamed 1 2</p> <p>Bring bad name to family 1 2</p> <p>Other (specify) _____ 1 2</p> <p>No Response 1 2</p>	
Q822	<p>Are there things that you think might be helpful to you in coping with your experiences?</p> <p><i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i></p>	<p>Support group for women 1 2</p> <p>Talking it over with friends 1 2</p> <p>Talking it over with family 1 2</p> <p>Assistance from NGO workers 1 2</p> <p>Legal advice/traditional justice 1 2</p> <p>Religious counseling 1 2</p> <p>Mental health counseling 1 2</p> <p>Medical assistance 1 2</p> <p>Trying to forget about it 1 2</p> <p>Other (specify) _____ 1 2</p> <p>No Response 1 2</p>	
Q823	<p>Has anyone else in your family beaten you or mistreated you physically in the last 12 months (past year)?</p>	<p>Yes 1</p> <p>No 2</p> <p>No Response 9</p>	<p>→Q901</p> <p>→Q901</p>
Q824	<p>Who mistreated you?</p> <p><i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i></p>	<p>Mother 1 2</p> <p>Father 1 2</p> <p>Mother-in-law 1 2</p> <p>Father-in-law 1 2</p> <p>Other female relative 1 2</p> <p>Other male relative 1 2</p> <p>Other (specify) _____ 1 2</p> <p>No Response 1 2</p>	

Section 9: Female Genital Cutting

The following questions are about the practice of female genital cutting. We will ask about your experiences as well as your daughters' experiences, if you have daughters.

No.	Questions and Filters	Coding Categories	Skip to
Q901	In a number of countries, there is a practice in which a girl may have part or all of her genitals cut. Have you ever heard about this practice?	Yes 1 No 2 No Response 9	→Q1001 →Q1001
Q902	Have you yourself ever had your genitals cut?	Yes 1 No 2 No Response 9	→Q905 →Q905
Q903	Was your genital area sewn closed?	Yes 1 No 2 No Response 9	
Q904	How old were you when this occurred? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	Age in completed years [__ __] During infancy 95 Don't know 88 No Response 99	
Q905	How many daughters do you have (both living and dead)?	Number of daughters [__ __] If no daughters, write 00 No Response 99	→Q913 →Q913
Q906	How many of your daughters have had their genitals cut?	Daughters with genitals cut [__ __] If no daughters cut, write 00 No Response 99	
Q907	Now I am going to ask you questions about your youngest daughter. Did she have her genitals cut?	Yes 1 No 2 No Response 9	→Q909 →Q913
Q908	Do you intend to have your youngest daughter's genitals cut in the future?	Yes 1 No 2 Don't Know 8 No Response 9	Circle response and →Q913
Q909	Was her genital area sewn closed?	Yes 1 No 2 No Response 9	

No.	Questions and Filters	Coding Categories	Skip to
Q910	How old was she when this occurred? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	Age in completed years [__ __] During infancy 95 No Response 99	
Q911	Who cut the genitals?	Traditional “circumciser” 1 Traditional birth attendant 2 Doctor 3 Trained nurse/midwife 4 Other (specify) _____ 5 No Response 9	
Q912	Did the cutting occur at your current location or somewhere else?	Current location 1 Somewhere else 2 No Response 9	
Q913	What benefits do girls themselves get if they undergo this genital cutting? <i>PROBE: Any other benefits?</i> <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	No benefits 1 2 Cleanliness / hygiene 1 2 Social acceptance 1 2 Better marriage prospects 1 2 Preserve virginity/prevent premarital sex 1 2 More sexual pleasure for the man 1 2 Religious approval 1 2 Other (specify) _____ 1 2 Don't Know 1 2 No Response 1 2	
Q914	What benefits do girls themselves get if they DO NOT undergo this genital cutting? <i>PROBE: Anything else?</i> <i>Circle all Mentioned</i> <i>1 = mentioned 2 = not mentioned</i>	No benefits 1 2 Fewer medical problems 1 2 Avoiding pain 1 2 More sexual pleasure for her 1 2 More sexual pleasure for the man 1 2 Follows religion 1 2 Other (specify) _____ 1 2 Don't Know 1 2 No Response 1 2	
Q915	Do you think this practice is a way to prevent a girl from having sex before marriage or does it have no effect on premarital sex?	Prevent sex 1 No effect 2 Don't Know 8 No Response 9	

No.	Questions and Filters	Coding Categories	Skip to
Q916	Do you believe that this practice is required by your religion?	Yes 1 No 2 Don't Know 8 No Response 9	
Q917	Do you think that this practice should be continued, or should it be discontinued?	Continued 1 Discontinued 2 Don't Know 8 No Response 9	
Q918	Do you think that men want this practice to be continued or discontinued?	Continued 1 Discontinued 2 Don't Know 8 No Response 9	

Section 10: Emotional Health

The following questions are on emotional distress and the most important health problems that face women in your community.

No.	Questions and Filters	Coding Categories	Skip to																																																																																				
Q1001	<p>The next questions are related to common problems that may have bothered you in the past 4 weeks. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p> <p>A. Do you have headaches?</p> <p>B. Is your appetite poor?</p> <p>C. Do you sleep badly?</p> <p>D. Are you easily frightened?</p> <p>E. Do your hands shake?</p> <p>F. Do you feel nervous, tense, or worried?</p> <p>G. Is your digestion poor?</p> <p>H. Do you have trouble thinking clearly?</p> <p>I. Do you feel unhappy?</p> <p>J. Do you cry more than usual?</p> <p>K. Do you find it difficult to enjoy your daily activities?</p> <p>L. Do you find it difficult to make decisions?</p> <p>M. Is your daily work suffering?</p> <p>N. Are you unable to play a useful part in life?</p> <p>O. Have you lost interest in things?</p> <p>P. Do you feel that you are a worthless person?</p> <p>Q. Has the thought of ending your life been on your mind?</p> <p>R. Do you feel tired all the time?</p> <p>S. Do you have uncomfortable feelings in your stomach?</p> <p>T. Do you easily become tired?</p>	<table> <tr> <th></th><th>YES</th><th>NO</th><th>No Response</th></tr> <tr> <td>A) headaches</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>B) appetite poor</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>C) sleep badly</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>D) frightened</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>E) hands shake</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>F) nervous</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>G) digestion poor</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>H) thinking</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>I) unhappy</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>J) cry more</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>K) not enjoy</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>L) decisions</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>M) work suffers</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>N) useful part</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>O) lost interest</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>P) worthless</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>Q) ending life</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>R) feel tired</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>S) stomach</td><td>1</td><td>2</td><td>9</td></tr> <tr> <td>T) easily tired</td><td>1</td><td>2</td><td>9</td></tr> </table>		YES	NO	No Response	A) headaches	1	2	9	B) appetite poor	1	2	9	C) sleep badly	1	2	9	D) frightened	1	2	9	E) hands shake	1	2	9	F) nervous	1	2	9	G) digestion poor	1	2	9	H) thinking	1	2	9	I) unhappy	1	2	9	J) cry more	1	2	9	K) not enjoy	1	2	9	L) decisions	1	2	9	M) work suffers	1	2	9	N) useful part	1	2	9	O) lost interest	1	2	9	P) worthless	1	2	9	Q) ending life	1	2	9	R) feel tired	1	2	9	S) stomach	1	2	9	T) easily tired	1	2	9	
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Q1002	<p>Just now, we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now if, in your life, have you <u>ever</u> thought about ending your life?</p>	<p>Yes 1</p> <p>No 2</p> <p>No Response 9</p>																																																																																					

No.	Questions and Filters	Coding Categories	Skip to
Q1003	Have you <u>ever</u> tried to take your life?	Yes 1 No 2 No Response 9	
Q1004	<p>In your opinion, what is the most important health problem for women in your community?</p> <p>READ LIST</p> <p>(If a woman mentions more than one, probe as follows to narrow it down to a single problem: “if you had to choose one as the most important, which one would that be?”)</p>	<p>Pregnancy-related problems 1</p> <p>Vaginal infections 2</p> <p>Respiratory infections 3</p> <p>Diarrhea 4</p> <p>Malaria 5</p> <p>Violence within the family 6</p> <p>Feelings of sadness or hopelessness 7</p> <p>Headaches/backaches/muscle aches 8</p> <p>Other (specify) _____ 20</p> <p>No Response 99</p>	

END TIME:_____ That is the end of our questionnaire. Thank you very much for taking time to answer these questions. We appreciate your help. Please wait here while my supervisor reviews the questionnaire completely. He/she will not be looking specifically at your responses, but only to make sure that all the necessary questions were asked.